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ENSURING CHILDREN'S RIGHTS TO SURVIVAL, DEVELOPMENT AND PROTECTION IN AFRICA

Progress report

SUMMARY

The present report was prepared in response to Executive Board decision 1995/18 (E/ICEF/1995/9/Rev.1), in which the Board reconfirmed its commitment to Africa as the region of greatest need and highest priority as well as its commitment to assist countries in Africa to fulfil the human development goals of the 1990s.

Following a brief introduction, the report discusses the current socio-economic context in Africa. It reviews progress towards the goals of the World Summit for Children and in other areas of concern to children and women, as well as the UNICEF responses. Finally, the report describes some future directions for UNICEF and its partners in Africa.

* E/ICEF/1997/13.

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INTRODUCTION

1. In 1995 and 1996, there were significant political, economic and administrative developments in much of sub-Saharan Africa. In the long term, these could improve the prospects of the region. In the short run, however, the picture is very mixed. There are disturbing trends towards chronic instability and persistent conflict in large areas of the region, and too few social and economic benefits are reaching poor children and women. All indications are that the number of poor people will be increasing as the continent moves into the twenty-first century. The international community will need to maintain its commitment to Africa, as sustainable positive change will take more time and resources than are often predicted.

2. The Secretary-General presented a mid-decade review of progress towards the goals set by the World Summit for Children (A/51/256) to the General Assembly on 30 September 1996. Although countries are finding it difficult to reach the goals, the review highlighted remarkable progress in sub-Saharan Africa towards the elimination of dracunculiasis (guinea-worm disease), the expanded use of oral rehydration therapy (ORT) and the universal iodization of salt. It also highlighted gains in immunization in some countries and the reversal of the decline in primary school enrolment. Considerable challenges remain in terms of controlling malaria, diarrhoeal disease and acute respiratory infections (ARI) and in reducing child malnutrition rates. All African States except Somalia have ratified the Convention on the Rights of the Child, and 18 have submitted reports to the Committee on the Rights of the Child.

3. The ratification of the Convention and the growing importance of the Convention on the Elimination of All Forms of Discrimination Against Women will allow UNICEF and its partners to promote the use of rights-based frameworks to shape national and international support to children and women in sub-Saharan Africa. Achieving the goals for the decade will become a means of fulfilling rights. Increasing participation by and empowerment of children and women will become objectives. Work methods and processes will change as a result.

I. THE SOCIO-ECONOMIC CONTEXT

4. Civil strife continues to kill, maim, displace and impoverish millions of African children and women. Political instability, human rights abuses, ethnic tensions and militarization are major contributing factors. The unfolding tragedy of the Great Lakes region will cast a long shadow. The civil war in the Sudan drags on. Sporadic conflict continues in Liberia and in the southern and central parts of Somalia. The situation in the Central African Republic and a few other countries is still uncertain. Military expenditures have been growing faster than those on health and education. Yet, 10 years ago, the most optimistic observer would not have predicted the rapid and peaceful end of apartheid. Namibia was fighting for its independence. Angola, Ethiopia and Mozambique were in the throes of civil war. Uganda was emerging from chaos and instability. Things change quickly in Africa, and often for the better.

5. In 1995, economic growth rose above population growth for the first time in the decade. The United Nations reported that 18 countries recorded more than 5 per cent growth of their gross domestic product in 1996. Yet, the overall African increase was only half the objective of the New Agenda for Development in Africa. It was enough neither to compensate for economic decline since 1990 nor to lessen widespread poverty. Sub-Saharan Africa's gross national product (GNP) per capita is still about $460 (1994), the lowest GNP per capita of all regions in the world, except South Asia. Economic disparities are also increasing. Of the 35 countries with the lowest Human Development Index ranking, 28 are in sub-Saharan Africa.

6. The volatility of agricultural production and prices will undermine recent economic gains. Investment levels give a more accurate picture of Africa's prospects for sustainable economic growth. In 1995, investment was only around 15 per cent of total output, the lowest in the world. The region attracts only 2.4 per cent of total foreign direct investment in developing countries. While sub-Saharan Africa has maintained its share of nearly 40 per cent of total official development assistance, in real terms this has meant a decline of about 14 per cent between 1992 and 1995.

7. Total external debt in sub-Saharan Africa represents about $800 per child. The African Development Bank estimated external debt at $223 billion in 1995, up nearly one fifth since 1990, of which close to 70 per cent is owed to bilateral and multilateral official creditors. On average, debt servicing absorbs around 30 per cent of export earnings, in spite of debt forgiveness of $3 billion in 1995. With such debt burdens, countries will find it difficult to increase expenditure on basic services in line with the Oslo Consensus or the 20/20 Initiative. The 1996 annual International Monetary Fund/World Bank meeting approved the Heavily Indebted Poor Countries Debt Initiative, which aims to enable the poorest countries to exit from the debt rescheduling process. Bilateral and multilateral creditors will provide debt relief. Of the 41 countries which could participate, 34 are in Africa. The process for determining eligibility may be lengthy and difficult, so bilateral creditors should continue to grant debt relief and allow debtor Governments to invest in basic social services.

8. The World Bank estimates that close to 220 million people, 40 per cent of the total population, were living below the poverty line ($1 per day) in sub-Saharan Africa in 1993. This is an increase of nearly 40 million since 1987. As poverty affects mostly large families, children are the biggest group living in poverty. Women suffer from discrimination in legislation and traditions, but head nearly one third of African households. They have to earn an income, manage a household and care for children. The vicious cycle of poverty begins again when girls drop out of school to help their households or lose their childhood by becoming pregnant.

9. In much of Africa, the UNICEF working environment is changing. First, there is a transition towards democracy, with intermittent setbacks, in more than 20 countries. Democratization can lead to a political interest in the provision of services that people want, often health as in the case of Zambia. Second, there is decentralization of some administrative decisions and resources from central ministries to provinces and districts. This facilitates the adaptation of social programmes to local needs and increases transparency. Third, budgetary constraints preclude a rapid increase in basic service coverage unless the beneficiaries share part of the costs. With growing democracy and decentralization, many households and communities are willing to participate on this basis. Special measures are needed to promote the participation of the poorest.

II. REVIEW OF PROGRESS TOWARDS THE GOALS OF THE WORLD SUMMIT FOR CHILDREN AND IN OTHER AREAS CONCERNING CHILDREN AND WOMEN

10. The mid-decade goal review used a low-cost, multiple indicator cluster survey (MICS) method developed by UNICEF, the World Health Organization (WHO), the United Nations Statistical Division, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United States Centers for Disease Control and Prevention and academic institutions. Of 46 countries in sub-Saharan Africa, 35 carried out MICS or equivalent surveys, generating an unprecedented amount of data and strengthening monitoring capacity throughout the region.

11. Although child mortality has continued to drop, the trend falls short of what is required to achieve the decade goal of a one-third reduction. The under-five mortality rate in sub-Saharan Africa is 175 per 1,000 live births, almost twice as high as the global average of 90. Recent estimates by UNICEF and WHO suggest a maternal mortality rate (MMR) of 980 per 100,000 live births. The probability of a woman in sub-Saharan Africa dying from pregnancy-related causes throughout her reproductive life is 1 in 13. The comparable figure for Europe is 1 in 1,400. It seems likely that there has been no reduction in MMR since 1990.

12. According to WHO, immunization in sub-Saharan Africa averted 34 per cent of the measles cases and 65 per cent of the measles deaths that could have occurred in 1995 in the absence of immunization. In 1995, 20 countries in the Africa region reported zero polio cases, while 25 countries reported 12,000 cases of paralytic poliomyelitis. This reflects a large decrease. Eleven African countries had coverage levels of 80 per cent or more in 1995 for three doses of combined diphtheria/pertussis/tetanus vaccine. However, few countries are on track to reach the goal of 90 per cent immunization coverage of infants. Falling coverage of the second dose of tetanus toxoid for women is related to the poor functioning of the health system and the broader gender issue in Africa. Furthermore, epidemics of diseases not covered by the expanded programme on immunization still occur. There were widespread outbreaks of meningitis in 1996 and 1997.

13. Analysis of reports from 32 countries in sub-Saharan Africa shows that the ORT use rate rose from below 20 per cent in 1986 to about 75 per cent in 1996. This covers oral rehydration salts plus home fluids. Nevertheless, sub-Saharan Africa still accounts for a high proportion of diarrhoea-related deaths worldwide. Many countries continue to experience outbreaks of cholera and other diarrhoeal diseases. ORT may be a necessary, but not sufficient strategy. The West and Central Africa region is promoting low-cost latrines to reduce vulnerability.

14. Twenty-two countries have introduced ARI control programmes. This has improved treatment in clinics and household behaviours to reduce ARI-related mortality. Integrated programme implementation needs to accelerate to achieve the goal of a one-third reduction in child deaths caused by ARI.

15. There are important, though mixed, trends in nutrition. Nearly all major salt producers in Africa have iodized or will soon iodize their salt, an historic achievement. A UNICEF/WHO study in 1995-1996 confirmed the safety of iodized salt in the region. The Baby-Friendly Hospital Initiative has also enjoyed considerable success and is trying to improve breast-feeding practices following home deliveries. Nonetheless, more than 30 per cent of young children in Africa are underweight, approximately the same proportion as in the 1970s. The United Republic of Tanzania and Zimbabwe have reduced child malnutrition, but for many African countries malnutrition remains an important contributor to infant and child mortality and morbidity, to poor cognitive development and performance, and to social and economic underdevelopment. Present levels of commitment will have to rise to reach the decade goal of halving severe and moderate malnutrition.

16. Only 51 per cent of Africa's population have access to safe water supply. Coverage is 36 per cent in rural areas. In 1994, over 250 million people were without access to safe water and almost 300 million were without access to adequate sanitation, for which coverage is declining. Dracunculiasis could be eliminated from all but a few conflict-prone areas by the year 2000.

17. Primary school enrolment has increased, but barely kept pace with the rise in the primary school-age population. In 1995, the number of out-of-school children aged 6-11 years was estimated at 49 million and rising. Fewer than half the children in sub-Saharan Africa complete five years of schooling. Gender disparities remain wide, the quality of learning achievement is low and illiteracy among women is around 80 per cent in many countries.

18. Only 53 per cent of the population of sub-Saharan Africa have access to modern health services. Half the rural population lives more than 10 kilometres from a health centre. HIV/AIDS, viral haemorrhagic fevers and the resurgence of diseases previously thought to be under control, such as tuberculosis, are major threats. Malaria continues to be an intractable problem. Health systems have low delivery capacity and limited effectiveness. UNICEF/WHO initiatives for the integrated management of childhood illness (diarrhoea, ARI, malaria, measles, malnutrition) and micronutrient deficiencies will aim to reduce child mortality further.

19. Some 90 per cent of the world's 300 million-500 million annual clinical malaria cases occur among the people of sub-Saharan Africa. Malaria is the leading child killer in Africa. There are between 1 million and 2 million malaria-related deaths of children under five years of age every year. Malaria during pregnancy causes severe illness, anaemia and low birth weight.

20. In 1996, some 12 million adults were infected by HIV/AIDS in Africa, about 60 per cent of the world's total victims. The epidemic has spread from Eastern and Central to Southern Africa. In parts of West and Central Africa, between 1 and 10 per cent of women attending urban antenatal clinics are HIV-positive. HIV/AIDS is the fastest growing cause of death among children in Africa. Prevalence rates for girls 15-19 years old are often six or more times higher than for boys of the same age. WHO estimates that 5 million-10 million children worldwide will be orphaned by AIDS by the year 2000, 90 per cent of them in sub-Saharan Africa. The high rates of HIV in women have resulted in high numbers of HIV-infected newborns. HIV/AIDS is also affecting UNICEF staff and their families. The HIV/AIDS pandemic has implications which go beyond the number of infected people. HIV/AIDS is not just a health issue - it is causing total social degradation in some areas. It has the potential to put more children and women in need of care and protection than wars and famine.

21. The urban population of sub-Saharan Africa rose from 74 million in 1975 to 184 million in 1995. Africa had the highest rate of urban growth in the world (4.35 per cent per year). The percentage of Africans living in urban areas increased from 21 in 1975 to 35 in 1995 and is estimated to reach 54 per cent by 2025. There has been a reduction in the services and infrastructure available to urban populations. The combination of increasing needs and fewer resources has meant a worsening of the conditions of children and women in urban and peri-urban areas. Several million children make their homes or livelihoods on the streets of African cities. City and town governments are usually ill-prepared and have to manage scarce local resources more efficiently. Communities and urban authorities will need to find more effective ways of working together.

22. Communities, households and individuals across Africa are developing new means of communication. Changes in political and administrative systems, increasing urbanization, advances in the status of some women and the growing availability of external news, sports, music and literature influence the way in which friends, families and communities interact. One in five people has access to state or private radio. Television reaches only relatively wealthy urban populations. The penetration of short-wave radio and satellite television is providing an alternative to local sources of information. Liberalization of markets means more extensive distribution routes. These accelerating trends will have significant implications for UNICEF communication and social mobilization strategies.

23. The number of African children in need of protection is growing. This includes AIDS and war orphans, children affected by AIDS and conflict, child soldiers, unaccompanied and street children, children exposed to harmful or exploitative labour, abuse or sexual exploitation, children with disabilities and others who are alone or lack adequate family support or safety nets.

III. UNICEF RESPONSES

A. United Nations system-wide and other initiatives for Africa

24. The United Nations System-wide Special Initiative for Africa aims to promote actions within a partnership framework which will mobilize and improve internal and external support for development in Africa over the next 10 years. It is consistent with the New Agenda for Development in Africa, the strategies of the Organization for Economic Cooperation and Development's Development Assistance Committee for the twenty-first century and the Tokyo Declaration on African Development. The Special Initiative comprises 14 components for action but the major focus is on health care and basic education. UNICEF will cooperate in the implementation of the following areas, within the framework of the Convention on the Rights of the Child and strategies and programmes of cooperation approved by the Executive Board: health sector reform; basic education; household water security; food security, with special emphasis on women; and strengthening civil society for development. Agencies involved in different areas are formulating implementation strategies under the leadership of African Governments. UNICEF is using its country programming approach and implementation capacity to contribute to the Special Initiative.

25. Policy meetings with the World Bank have taken place in Abidjan, Côte d'Ivoire, Nairobi, Kenya, and Addis Ababa, Ethiopia, to promote closer collaboration under the Special Initiative. An inter-agency meeting in Brazzaville, Congo, agreed on a set of objectives for health sector reforms. African education ministers met in late 1996 to identify implementation structures to reinforce African leadership. These meetings confirmed ongoing strategies for collaborative broad-based reform in the health, education, water supply and other sectors. The strategies include improved management of resources, equitable access, decentralization and community participation in management. UNICEF has posted a senior staff member to Nairobi to support water supply programmes under the Special Initiative, especially in four initial countries (Ethiopia, Mali, Mozambique and Uganda).

26. To gain momentum in implementing the Special Initiative, UNICEF is placing particular emphasis on education in Ethiopia and health in Ghana. Both countries have completed plans for sectoral reforms in health and education. Education reforms are well advanced in the Comoros, Malawi, Mali, Mauritania, Uganda and Zambia. Health reforms are underway in Mozambique and Zambia. In Uganda, UNICEF has analyzed social sector spending. In Malawi and Zambia, United Nations agencies are collaborating on a common situation analysis. In Botswana, UNICEF is participating in a study to establish a baseline for the Special Initiative.

27. Under the auspices of the Department for Policy Coordination and Sustainable Development, UNICEF and other United Nations agencies participated in the development of "best practices" in the functioning of the resident coordinator system. This involved field visits to Malawi, Mali and the United Republic of Tanzania. UNICEF led the Joint Consultative Group on Policy mission to Ghana to develop a prototype common country assessment. UNICEF has signed memoranda of understanding with the United Nations High Commissioner for Refugees and the United Nations Environment Programme. UNICEF and the Economic Commission for Africa have started discussions with a view to signing a memorandum of understanding covering field collaboration. UNICEF is working with other United Nations agencies in several countries, including Ethiopia, Uganda and Zambia, in public expenditure reviews.

B. Health and nutrition

28. With its partners, UNICEF has played a catalytic role in health sector reform. According to a 1995 World Bank evaluation of the Bamako Initiative, in Benin, Burundi, Cameroon, Guinea, Mauritania, Senegal and Togo, the use of health facilities has increased with the greater availability of drugs. Benin,

Ghana, Guinea, Mali, Senegal, Zambia and others have carried out decentralized, broad-based health sector reform. A 1995 review of more than 30 evaluations of UNICEF-supported health programmes in Africa confirmed that health revitalization programmes have increased use, coverage and accessibility of health services. The review recommended better integration with programmes for health education, communication, nutrition, dracunculiasis eradication and water and sanitation.

29. UNICEF has established a track record in the development of sustainable systems for community co-management and cost-sharing, local micro-planning, on-the-job training, participatory supervision and promotion of health and nutrition through health facility committees. UNICEF will continue advocacy with technical, political and international partners for decentralized health sector reform. In the longer term, the value of the reforms will be judged by their capacity to make health care more accessible and affordable and to tackle malaria, measles, diarrhoea, ARI and malnutrition-related morbidity and mortality.

30. Child mortality in Africa will not decrease without more effective malaria control. UNICEF is committed to the global strategy for the control of malaria, developed with WHO and many other agencies. The strategy emphasizes case management, prevention, epidemic control and capacity-building. Chloroquine resistance is spreading as an obstacle to effective treatment. UNICEF-assisted programmes in Burkina Faso, the Gambia, Ghana, Kenya, Namibia, Malawi, Zambia and other countries have begun to promote the use of impregnated bednets and curtains. Sustainability and long-term success depend on community involvement and behavioural change. Strategies for cost-recovery and community co-management, especially for drugs, materials and insecticide, will be necessary, but will have to protect those unable to pay.

31. Malaria (and other disease) control strategies will become part of the minimum package of health services and community activities. This will require intersectoral collaboration, in line with the UNICEF health strategy, and an implementation plan including: communication activities to promote behavioural change for improved child care and nutrition; interventions to make the environment safer; women's health, including improved antenatal care, identification of at-risk pregnancies, improved nutrition and chemoprophylaxis to prevent malaria; establishment and expansion of partnerships with bilateral and multilateral partners and non-governmental organizations (NGOs); and the supply of essential drugs, materials and equipment.

32. With WHO and the International Council for the Control of Iodine Deficiency Disorders (IDD), UNICEF has been a major partner in putting universal salt iodization high on the political agenda and bringing together ministries of health and commerce and the private sector. Progress in IDD control has resulted in greater interest in other micronutrient deficiencies. Several countries have conducted vitamin A surveys and made progress in ensuring adequate vitamin A supplementation. Other countries are pursuing food-based strategies. However, there are still countries where the magnitude of vitamin A deficiency is not well known and the problem is likely to be an important barrier to child survival and development. The prevalence of iron deficiency anaemia is another major challenge. The treatment of intestinal parasitic infestations is likely to be very cost-effective.

C. Basic education

33. The reform of basic education systems remains a challenge for the region. African Governments increasingly see education for all, especially girls, as a key to socio-economic progress. The UNESCO/UNICEF Monitoring Learning Achievement Project is assisting countries to improve management of information systems. UNICEF is also working with the Association for the Development of Education in Africa, which will be the main vehicle for education programmes under the United Nations System-wide Special Initiative for Africa. UNICEF

supported a conference, organized by the Organization of African Unity (OAU) and the Government of Uganda, on girls' education and women's literacy, at which a number of countries agreed to divide long-term goals into short-term, time-bound objectives. This is an important step forward.

34. The share of resources for basic education in UNICEF country programmes is increasing, with priority for improvement of girls' education and reduction of gender disparities. Major issues being addressed include practical implementation strategies, the provision of materials, women's empowerment, the relationship between girls' work and schooling, the safety of girls in school, links to reproductive health and the relevance of curricula to girls. Increased community involvement has led to attempts to adapt schooling to different regions and the introduction of local languages. For example, in several Moslem areas, boys attend school in the morning and girls in the afternoon. A new programme will support NGOs active in girls' education.

35. Financing is critical. Increased contributions from and management by communities and NGOs is required. A recent mission to Eritrea and Ethiopia recommended a model that could be widely applicable. It consists of community-supported, single-room schools for the first two or three grades of primary school, close to children's homes. Clusters of such schools would serve as feeders to a central primary school for higher grades. The central school would supervise and guide the feeder schools. There would be local recruitment of "parateachers" (similar in concept to paramedics) for the feeder schools. Finally, national and regional education systems would have to recognize and support the cluster approach with capacity-building, technical and resource support to complement community resources and ensure acceptable standards.

D. Water supply and environmental sanitation

36. Between 1991 and 1995, UNICEF expenditure on water supply and environmental sanitation in Africa averaged $60 million per year, half of which was for emergencies. However, with current rates of population growth and coverage extension in Africa, over 500 million people would be without water and sanitation by the year 2020. In the past, in response to the priority given to water supply by communities in Africa, UNICEF implemented many successful water and sanitation projects in over 40 countries in Africa. However, in recent years, a large proportion of these programmes approved for supplementary funding remained unfunded.

37. Progress towards dracunculiasis elimination is due principally to strong community surveillance systems, good cross-sectoral links with other programmes and an emphasis on cost-effective and appropriate technology. Priorities for elimination are areas affected by armed conflict and remote communities in 16 African countries. As eradication comes within reach, the lack of funding is threatening the sustainability of several national programmes.

38. Sub-Saharan Africa suffers from widespread environmental degradation. Semi-arid lands are turning into deserts. The savanna is being "sahelienized" and becoming semi-arid. The dense forests are becoming savannas. In urban and peri-urban areas, families and communities live in an environment which is overcrowded, poorly serviced and starved of resources. The 1994 Sahel Initiative, funded by the Government of Sweden and the Global Environment Fund, helped eight UNICEF country programmes to begin integrated primary environmental care and work with communities to promote ecological balance. In several countries, participatory rural appraisals have caused a change in attitudes to self-reliance and women's participation. Pilot urban environmental health projects in cities such as Addis Ababa and Nairobi will guide the development of new urban approaches.

E. Emergencies

39. In 1996, UNICEF emergency operations in Africa were dominated by the crisis in the Great Lakes region, ongoing conflict in Somalia and the Sudan and the vulnerability of the State in the Central African Republic, Liberia and other countries. UNICEF responses included the provision of basic health care (almost 40 per cent of emergency programme expenditure); nutrition, including supplementary feeding and household food security (roughly 10 per cent); and water supply and sanitation (10 per cent). UNICEF is also stressing education in response to complex emergencies, since education plays a key role in protecting or reconstructing communities. Other responses included psycho-social rehabilitation, care and protection of unaccompanied children, women's reproductive health, land-mine awareness, rehabilitation of child soldiers, juvenile justice for child prisoners and monitoring the impact of sanctions. While interventions in emergency preparedness, response and rehabilitation retain a central place in the UNICEF strategy, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the UNICEF anti-war agenda and the recommendations of Graça Machel's report on the impact of armed conflict on children, have all led to greater efforts to protect children's and women's rights during emergencies. In Rwanda, for example, UNICEF has promoted new approaches to juvenile justice for children accused of involvement in the genocide. In Burundi, UNICEF and the Government signed a declaration on the protection of Burundian children. UNICEF is also working with the OAU and the International Campaign to Ban Land-mines to promote the concept of mine-free zones in different African regions.

40. Several countries are in transition from war to peace. In Angola, Mozambique, Rwanda and Sierra Leone, UNICEF is working with international and local NGOs to integrate into long-term programming measures for identification, tracing and reunification of unaccompanied children, in addition to trauma counselling and other follow-up measures. In Rwanda, UNICEF and its partners are following a community-based approach that involves child counsellors, local caregivers and entire communities in the healing process. The demobilization and rehabilitation of child soldiers has also become a priority. In Sierra Leone, where many communities were reluctant to accept former child soldiers, a programme was designed for psycho-social and trauma healing, focusing on the needs of the children and helping their families to understand them.

41. For the Great Lakes operation, a regional preparedness strategy led to the pre-positioning of key relief items in Burundi, Rwanda and Uganda, and allowed immediate response to the massive return of refugees to Rwanda at the end of 1996. Rapid change, difficulties of access and insecurity make monitoring particularly critical during complex emergencies. The Eastern and Southern Africa Regional Office continues to provide advisory support and coordinate supply movements for the Great Lakes operation, for which UNICEF and its partners have developed methods for the rapid assessment of displaced populations. The West and Central Africa region has been placing priority on assessing and strengthening disaster preparedness in several countries.

42. UNICEF continues to provide assistance to large numbers of internally displaced children throughout Africa, although the question of overall responsibility within the United Nations system for displaced populations remains unresolved. A further and severely complicating factor in complex emergencies is the way in which relief workers, particularly in Burundi, Rwanda and Somalia, have become targets. This has forced many agencies, including the United Nations, the International Committee of the Red Cross and NGOs to reduce humanitarian assistance in specific circumstances.

F. Gender

43. In an attempt to mainstream gender-related concerns, UNICEF has set up two gender networks in sub-Saharan Africa. They have facilitated gender training of UNICEF staff and their counterparts and provided technical support for using the Convention on the Elimination of All Forms of Discrimination against Women as a framework for the country programming process. UNICEF provided support for preparations for the Fourth World Conference on Women and highlighted girls' issues in the Conference and related African platforms for action. UNICEF is supporting follow-up through country programmes. Many countries are reviewing laws that discriminate against women and introducing gender-related development goals. The Eastern and Southern Africa region has developed a strategy against female genital mutilation (FGM). Ethiopia, Eritrea, Kenya and Somalia are part of this programme. Burkina Faso, Cameroon and other countries in West Africa are also focusing on FGM.

44. Women are often the victims of calculated sexual violence during emergencies. At the same time, they play a key role in protecting the household when it is threatened or in the process of rehabilitation. UNICEF is increasing the gender-sensitivity of emergency programming in Africa. This takes into account womens' needs, not only for care and protection but also for empowerment in management and decision-making roles.

G. Child protection

45. In line with the UNICEF policy on special protection measures, several country programmes are working to ensure the care, protection and participation of children affected by conflict, abusive child labour, sexual exploitation and juvenile justice. UNICEF is helping to develop training packages in rights-based analysis and community needs assessment.

46. The degree to which African children work under harmful or exploitative conditions is unknown. Much analysis will be needed before the dynamics of child labour in Africa are understood. UNICEF acknowledges that children of poor families are working, and advocates for their protection to ensure that work does not impede cognitive and emotional development or impose too heavy a physical or psycho-social burden. In addition, protection measures must be supported by the provision of appropriate, affordable alternatives to children's work. Education is the key.

47. The UNICEF approach to HIV/AIDS has evolved within the Global AIDS Strategy and Plan prepared by the Joint United Nations Programme on HIV/AIDS. The behaviours that spread HIV infection are associated with the low status of women and girls, understanding of and control over sexuality, and educational and economic status. UNICEF is supporting programmes that address the underlying causes of HIV/AIDS by promoting life skills, health and development among women of child-bearing age and young people in and out of school. Protection typically involves information and communication to promote informed and responsible behaviour, improved health for women and young people and the empowerment of girls against sexual exploitation. The UNICEF role in the preparation of the World Congress Against Commercial Sexual Exploitation of Children included the organization and financial and technical support of six regional consultations. This led to acknowledgement that commercial sexual exploitation of children and domestic violence appear to be growing in Africa.

48. Subregional networks have begun to focus on the impact of HIV/AIDS on children and their care-providers. Several new country programmes include community-based child care to build up the coping capacity of households that have lost their primary caretakers. A Zambia study showed that it was not useful to separate children affected by AIDS from other categories of vulnerable children. In Uganda, many orphans who were taken in by caring relatives fared better than AIDS-affected children who were not orphans but living in non-nurturing environments.

H. Communication and social mobilization

49. Communication and social mobilization strategies are increasingly focusing on behavioural change, community participation and the promotion of positive social norms for children and women. For the third consecutive year, UNICEF is supporting a West and Central Africa regional training course in behavioural change communication, community participation and partnership building at the National University of Benin. The organization is exploring the possibility of a similar course for Eastern and Southern Africa.

50. The use of the media is increasing. A West and Central Africa regional programme is reinforcing the role of rural radio in promoting pluralism, community participation and community-based initiatives. UNICEF South Africa was one of the partners in support of "Soul City", a multi-channel communication initiative based on a soap opera. UNICEF Malawi and partners produced a radio drama encouraging behavioural changes to prevent HIV/AIDS. UNICEF and Radio Zimbabwe produced a programme exploring HIV/AIDS from the perspective of infected and affected people.

51. A joint UNICEF/WHO/Rotary International project to "kick polio out of Africa" incorporates a comprehensive social mobilization plan for polio eradication. It includes the development of focused messages, press briefings, materials for advocacy, information kits and discussion guides. Football associations are also emerging as partners for action on HIV/AIDS and polio. Other initiatives are underway. The regional "Sara" animation programme began by producing materials for community dialogue on girls' education. The strategy of Uganda's health programme is to focus on improving community capacities to identify priority health problems and needs and then take action. Ghana has started a process of dialogue and joint programming with communities on urban basic services. The starting point was the reorientation of staff and government counterparts, followed by the application of the approach in all project activities. Many other countries, both francophone and anglophone, are pursuing this model.

I. Civil society and non-governmental organizations

52. Democratization, decentralization and the redefinition of the role of the State have led to greater recognition of civil society in general and NGOs in particular as equal partners in development. UNICEF is working with national and international NGOs in many countries on such issues as health care, girls' education, water supply and environmental sanitation, child rights, emergencies, AIDS and street children. This has meant increased collaboration with regional networks of NGOs, including those formed in response to different United Nations conferences on global issues. Between 10 and 15 per cent of programme expenditures are now channelled through projects implemented in cooperation with NGOs. Collaboration with NGOs is particularly important for service delivery and for advocacy and social mobilization projects. UNICEF will use its traditional experience in providing forums for advocacy, networking and communication among NGOs on children's and women's rights.

J. Management and funding

53. Between 1990 and 1996, the percentage of total UNICEF staff working in sub-Saharan Africa increased from 32 to 40. Forty-nine per cent of all health professionals, 46 per cent of all water and sanitation professionals and 43 per cent of all education professionals worked in sub-Saharan Africa. Table 1 below shows the staffing pattern in Africa for the years 1990 and 1996.

Table 1

UNICEF staffing pattern in sub-Saharan Africa, 1990 and 1996
(Numbers and percentage of Eastern and Southern Africa and West and Central Africa staff compared to total number of UNICEF staff)

Year	No. of IPs (% of global total)	No. of NOs (% of global total)	No. of GS (% of global total)	No. of JPOs (% of global total)	Total number of staff (% of global total)
1990	388 (34%)	204 (34%)	943 (31%)	-	1 535 (32%)
1996	427 (33%)	449 (41%)	1 987 (42%)	30 (36 %)	2 893 (40%)

IP - International Professional; NO - National Officer;
GS - General Service; JPO - Junior Professional Officer

54. Table 2 below shows that, over the period 1992-1996, Africa consistently accounted for between 36 and 38 per cent of UNICEF total expenditures. Expenditure in Africa reached a high of $303.5 million in 1994, when emergencies accounted for 35 per cent of the total. The percentage of UNICEF general resources expended in sub-Saharan Africa rose from 35.6 in 1992 to 36.7 in 1996. Between 1992 and 1996, the average proportion of total supplementary funds received by sub-Saharan Africa was 40 per cent. There were significant disparities in receipts between East and West Africa. Annual fluctuations were due to the severity and international visibility of emergency conditions.

55. The generally short-term and somewhat restrictive nature of supplementary funding and emergency donations creates some constraints to participatory approaches, sustained efforts in capacity-building or the promotion of community empowerment. New approaches to funding are emerging. Since 1994, a multi-country initiative for African girls' education has received $30 million from the Governments of Canada and Norway. This multi-country approach allows for great flexibility in allocations among countries, particularly those that are underfunded, and facilitates mid-course adjustments to allow for opportunities and constraints. It offers an interesting model for the future. UNICEF representatives are exploring with several African Governments the possibility of using local currency generated from the sale of food imports for country programmes. UNICEF has also received a $5 million anonymous contribution for Africa.

Table 2

Percentage of total UNICEF expenditure in Africa, 1992-1996

Year	Percentage of total UNICEF expenditure (GR + SF including emergency)	Percentage of UNICEF African expenditure allocated to emergencies
1992	38	29
1993	37	32
1994	38	35
1995	36	31
1996	37	27

GR - general resources; SF - supplementary funds

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56. The management excellence initiative has strengthened the efficiency and effectiveness of country, regional and headquarters offices. Strong management in country offices is needed to counter weak managerial capacity in many African countries. Country and regional management teams are promoting teamwork and transparency. UNICEF staff in Africa have contributed to global reform and restructuring through participation in various initiatives to improve management practices. Tools such as the Programme Manager System and new supply and financial systems will empower country offices to use the organization's resources more efficiently. Staffing in Angola, Kenya, Liberia and Somalia has been streamlined to a level more in keeping with the financial resources of the country programmes. Although there has been important progress in introducing the Internet, telecommunication difficulties continue to hinder its optimal use.

IV. FUTURE DIRECTIONS FOR UNICEF AND ITS PARTNERS IN AFRICA

57. With its high number of low-income, least developed countries, Africa will continue to receive priority in financial and human resource allocations. UNICEF will continue to advocate for and help countries to implement the Convention on the Rights of the Child in Africa. The record of UNICEF and the trends influencing survival, development and protection in sub-Saharan Africa point to a focus on meeting children's and women's rights in four main areas: (a) primary health care and nutrition, where the organization has a comparative advantage and much unfinished business; (b) basic education, with an emphasis on girls, which is essential to the sustainability of development processes; (c) water supply and environmental sanitation, the most commonly expressed need in Africa and a traditional area of strength where UNICEF is in danger of losing its comparative advantage; and (d) the care and protection of the most vulnerable children and women, in fulfilment of its mission.

58. The Convention on the Rights of the Child acknowledges the right of all children to access to, and minimum standards of, basic services. Priority will therefore be given to assisting countries to reach the goals of the World Summit for Children. Efforts to reach the poorest of the poor will be combined with efforts to assist other children who have the right to participate and benefit. The development of children through adolescence is important not only for their personal fulfilment but also for their ability to play a role in family, community and country. Emphasis will be placed on the empowerment of adolescent girls through communication and basic education, the prevention of HIV/AIDS and the promotion of life skills. Here again, the Convention on the Rights of the Child has highlighted the role of adolescents and young people as powerful agents of change. African children need protection from abusive child labour, enlistment in armed forces, violence, sexual exploitation and abuse. In view of the vulnerability of the region to armed conflict, there will be special emphasis on implementing the anti-war agenda.

59. There is no blueprint for sectoral reform, though it is possible to identify enabling factors. One of these is leadership from government, based on a clear vision for the relevant sector, to be operationalized through clearly defined intermediate objectives. UNICEF will nurture commitment through practical, informed advocacy to help countries seek the involvement of other partners in the development of services, in areas such as districts, which can then serve as launching points for going to scale. It is important to build up a critical mass of technicians with a shared understanding of the principles and strategies of the reform in question. Their effectiveness will depend on a cooperative relationship between donors and Governments. Visible successes are important. They motivate partners and provide momentum for change, which is also enhanced by effective communication of the objectives and contents of reforms. These approaches can serve as a guide for sectoral programme development in Africa in the coming years.

60. UNICEF will use its comparative advantage to help turn rights into realities for children and women. With limited resources, the organization will face difficult judgments on where country programmes will have the most impact and influence. In some instances, UNICEF resources will be more cost-effective in policy advocacy and demand mobilization than in direct support to programme implementation. UNICEF and its partners will have to make sure that the children's and women's rights perspective influences public policy, especially for basic social services. UNICEF is already involved in this way in such countries as Benin, Ethiopia, Guinea, Mali, Senegal, South Africa, Uganda, Zambia and Zimbabwe. In the future, UNICEF can and should act as a critical but credible and constructive partner to the United Nations Development Programme, the World Bank and others in national policy debates addressing the social dimensions of poverty. At the same time, the strength of UNICEF country programmes is usually their practical, results-oriented approach to making sure things work on the ground. UNICEF involvement with decentralized, innovative, pilot, local and participatory approaches will enable the organization to fulfil its learning and advocacy roles. This has implications, not only in terms of knowledge-based programming but also for the kinds of staff and expenditures involved.

61. The approach outlined above fits well with the current governmental trend to decentralize to the provincial and district levels. It will also involve households and communities in programme design, which should include all potential actors from communities, municipalities, sectoral ministries, NGOs and civil society institutions. This is the best way to advance in least developed countries with severe budget constraints. More fundamentally, community responsibility is not only morally correct but also increases the prospects of sustainability.

62. However, community responsibility requires difficult changes in the administrative and budgetary structure and practice of ministries and other bodies, if there is to be an effective balance between bottom-up and top-down approaches. UNICEF will support training for the staff of local, municipal or city council institutions on how to work in a participatory manner. UNICEF will also support community activities through non-governmental and community-based organizations to facilitate civil society's full participation, starting with the assessment and analysis of their own needs.

63. In the spirit of community involvement, there will have to be more participatory monitoring and evaluation of such processes, using locally specific, simple and often qualitative indicators. Monitoring should start from the community, which has the right to know how the programme is going. District staff should help the community to carry out an annual review and prepare a plan for the next year. Over the past year, regional and country workshops have provided monitoring and evaluation staff and their partners with technical orientation on participatory evaluation techniques, participatory rural assessments and MICS. The disaggregation of data by gender and by age remains a priority.

64. The Convention on the Rights of the Child is a universal charter for children. It provides an ethical framework, a legal foundation, a set of standards and a principle reference for the design and monitoring of country programmes in Africa. However, child rights exist in the complex context of countries and societies with their own specific needs, values and resource constraints. Institutionalizing a child rights perspective in UNICEF African country programmes will be a learning process for all involved. The challenge is to make sure that this process results in practical and sustainable benefits for African children.